

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

SOS AMERICA PAC

ADDRESS (number and street)

6619 S.DIXIE HIGHWAY #148

Check if different
than previously
reported. (ACC)

SOUTH MIAMI

FL

33143

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00801803

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☒ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M / D D / Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M / D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M / D D / Y Y Y Y Y Y
01 01 2023

through

M M / D D / Y Y Y Y Y Y
06 30 2023

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Maggiolo, Gloria, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Maggiolo, Gloria, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
07 31 2023

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office
Use
Only**FEC FORM 3X**
Rev. 05/2016

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

SOS AMERICA PAC

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y
01 01 2023

To:

M M / D D / Y Y Y Y Y
06 30 2023

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2023		5896385.80
(b) Cash on Hand at Beginning of Reporting Period.....	5896385.80	
(c) Total Receipts (from Line 19)	1279721.09	1279721.09
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	7176106.89	7176106.89
7. Total Disbursements (from Line 31).....	1540847.75	1540847.75
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	5635259.14	5635259.14
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	91495.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	287931.45	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:Federal Election Commission
999 E Street, NW
Washington, DC 20463Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

SOS AMERICA PAC

Report Covering the Period:

From:

M M / D D / Y Y Y Y
01 / 01 / 2023

To:

M M / D D / Y Y Y Y
06 / 30 / 2023
I. Receipts
COLUMN A
Total This Period
COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

1279250.00

1279250.00

(ii) Unitemized

471.09

471.09

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

1279721.09

1279721.09

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

1279721.09

1279721.09

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c))

1279721.09

1279721.09

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

1279721.09

1279721.09

DETAILED SUMMARY PAGE

of Disbursements

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Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	694706.51	694706.51
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	694706.51	694706.51
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	846141.24	846141.24
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	1540847.75	1540847.75
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1540847.75	1540847.75

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	1279721.09	1279721.09
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1279721.09	1279721.09
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	694706.51	694706.51
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	694706.51	694706.51

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 6 OF 83
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

SOS AMERICA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Anderson, Dwight, , ,

Mailing Address 890 Forest Ave

City
RyeState
NYZip Code
10580FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Ospria Management LLCOccupation (for Individual)
Founder

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 06 / 2023

Transaction ID : SA11AI.5391

Amount of Each Receipt this Period

100000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Berkowitz, Jeff, , ,

Mailing Address 2665 South Bayshore Drive, Suite 1

City
MiamiState
FLZip Code
33133FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Berkowitz Development GroupOccupation (for Individual)
Developer

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 07 / 2023

Transaction ID : SA11AI.5449

Amount of Each Receipt this Period

7500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Bhandari, Anmol, , ,

Mailing Address 7300 Ponce De Leon Road

City
MiamiState
FLZip Code
33143FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Turnbull CapitalOccupation (for Individual)
Managing Partner

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 30 / 2023

Transaction ID : SA11AI.5435

Amount of Each Receipt this Period

5000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

112500.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

SOS AMERICA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Bilinsky, Matthew, , ,Mailing Address 8787 Shoreham Drive
207City
West HollywoodState
CAZip Code
90069FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Bilinsky Law PC

Occupation (for Individual)

Attorney

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 14 / 2023

Transaction ID : SA11AI.5477

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Bousis, George, , ,

Mailing Address 9961 E Broadview Dr

City

Bay Harbor Islands

State

FL

Zip Code

33154

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Raise Marketplace Inc

Occupation (for Individual)

Executive

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 14 / 2023

Transaction ID : SA11AI.5469

Amount of Each Receipt this Period

10000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Boyd, Charles, , ,

Mailing Address 135 East Maple Road

City

Birmingham

State

MI

Zip Code

48009

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self

Occupation (for Individual)

Physician

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 07 / 2023

Transaction ID : SA11AI.5447

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

11500.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 8 OF 83
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SOS AMERICA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CADE Capital Partners LLCMailing Address 825 Brickell Bay Drive
Suite 1846City
MiamiState
FLZip Code
33131FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 07 / 2023

Transaction ID : SA11AI.5506

Amount of Each Receipt this Period

10000.00

☐ Memo Item
see LLC attribution below

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Maroso, Juan, , ,Mailing Address 825 Brickell Bay Drive
Suite 1846City
MiamiState
FLZip Code
33131FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Cade Capital PartnersOccupation (for Individual)
Developer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 07 / 2023

Transaction ID : SA11AI.5506.0

Amount of Each Receipt this Period

5000.00

☒ Memo Item
LLC attribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Marquez, John, , ,Mailing Address 825 Brickell Bay Drive
Suite 1846City
MiamiState
FLZip Code
33131FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Cade Capital PartnersOccupation (for Individual)
Developer

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 07 / 2023

Transaction ID : SA11AI.5506.1

Amount of Each Receipt this Period

5000.00

☒ Memo Item
LLC attribution**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

10000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

SOS AMERICA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Cardone Training Technologies

Mailing Address 18909 NE 29th Avenue

City

Aventura

State

FL

Zip Code

33180

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Training

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100000.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 14 / 2023

Transaction ID : SA11AI.5518

Amount of Each Receipt this Period

100000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Choate, Edward, , ,

Mailing Address 27 Candleberry Ln

City

Weston

State

MA

Zip Code

02493

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
U Will Inc

Occupation (for Individual)

Executive

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 23 / 2023

Transaction ID : SA11AI.5417

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Cohen, Robert, , ,Mailing Address 1112 Montana Avenue
504

City

Santa Monica

State

CA

Zip Code

90403

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Venture Capital

Occupation (for Individual)

Real Estate

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 13 / 2023

Transaction ID : SA11AI.5463

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

100750.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 10 OF 83
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SOS AMERICA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Coors, Peter, , ,

Mailing Address 770 N High Street

City
DenverState
COZip Code
26431FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Molson Coors Beverage CompanyOccupation (for Individual)
Retired Chairman

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 15 / 2023

Transaction ID : SA11AI.5492

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Crozer, William, , ,

Mailing Address 2585 Woodward Way Northwest

City
AtlantaState
GAZip Code
30305FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
BGR GroupOccupation (for Individual)
Principal

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 09 / 2023

Transaction ID : SA11AI.5431

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CRS GroupMailing Address 248 West 35th Street
FL 8City
New YorkState
NYZip Code
10001FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)
Construction

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 30 / 2023

Transaction ID : SA11AI.5496

Amount of Each Receipt this Period

2500.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

8000.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

SOS AMERICA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Curtius, John, , ,

Mailing Address 300 Costanera Rd

City

Coral Gables

State

FL

Zip Code

33143

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Cedar Capital Group

Occupation (for Individual)

Founder

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 14 / 2023

Transaction ID : SA11AI.5479

Amount of Each Receipt this Period

10000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Dee, Michael, , ,

Mailing Address 1342 Monk Rd

City

Gladwyne

State

PA

Zip Code

19035

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Entercom CommunicationsOccupation (for Individual)
President of Sports

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 24 / 2023

Transaction ID : SA11AI.5423

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Doherty, Philip, , ,

Mailing Address 110 Monroe Rd

City

Quincy

State

MA

Zip Code

02169

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
LaborSoftOccupation (for Individual)
CEO

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 22 / 2023

Transaction ID : SA11AI.5399

Amount of Each Receipt this Period

250.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

11250.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

SOS AMERICA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Edgewater Management Services LLC

Mailing Address 425 NE 22nd Ave Ste 301

City
MiamiState
FLZip Code
33137FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)
Property Management

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100000.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 07 / 2023

Transaction ID : SA11AI.5514

Amount of Each Receipt this Period

100000.00

☐ Memo Item

LLC has elected Corp tax status, no attribution required

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Egan, Christopher F., , ,Mailing Address 116 Flanders Rd
Ste 2000City
WestboroughState
MAZip Code
01581FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Carruth CapitalOccupation (for Individual)
Asset Mgmt

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 22 / 2023

Transaction ID : SA11AI.5401

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. eMed LLCMailing Address 990 Biscayne Blvd
Ste 1501City
MiamiState
FLZip Code
33132FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)
Healthcare

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

100000.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 19 / 2023

Transaction ID : SA11AI.5500

Amount of Each Receipt this Period

100000.00

☐ Memo Item

see LLC attribution below

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

201000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 83

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

SOS AMERICA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Ott Lane Investments, LLCMailing Address 990 Biscayne Blvd
Suite 1501City
MiamiState
FLZip Code
33132FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100000.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 19 / 2023

Transaction ID : SA11AI.5500.0

Amount of Each Receipt this Period

100000.00

☒ Memo Item

Ott Lane Investments, LLC (100% owned by Ott Lane Trust)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Falic, Simon, , ,Mailing Address 6100 Hollywood Blvd
7th Floor

City

Hollywood

State

FL

Zip Code

33024

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Duty Free AmericasOccupation (for Individual)
CEO

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 03 / 2023

Transaction ID : SA11AI.5427

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Fernandez, Raul, , ,

Mailing Address 9001 Congressional Pkwy

City

Potomac

State

MD

Zip Code

20854

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Monumental Sports & EntertainmentOccupation (for Individual)
Vice Chairman and Owner

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 06 / 2023

Transaction ID : SA11AI.5445

Amount of Each Receipt this Period

25000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 14 OF 83

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

SOS AMERICA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Ferreira, Paul, , ,

Mailing Address 88 Glezen Lane

City
WaylandState
MAZip Code
01778FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Blue Hawk

Occupation (for Individual)

Finance

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 24 / 2023

Transaction ID : SA11AI.5421

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Ganzi, Victor, , ,Mailing Address 126 E 56th St
FL 14City
New YorkState
NYZip Code
10022FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Consultant/Corp Director

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 30 / 2023

Transaction ID : SA11AI.5389

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Garlinghouse Jr, Bradley K, , ,

Mailing Address 247 E Rivo Alto Dr

City
Miami BeachState
FLZip Code
33139FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Ripple

Occupation (for Individual)

CEO

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

100000.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 09 / 2023

Transaction ID : SA11AI.5459

Amount of Each Receipt this Period

100000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

103500.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 15 OF 83
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

SOS AMERICA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Haddad, Joseph, , ,

Mailing Address 16 Poplar Avenue

City
DealState
NJZip Code
07723FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
BHPC AssociatesOccupation (for Individual)
Owner

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 08 / 2023

Transaction ID : SA11AI.5455

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Halimi Lacharlotte, Pierre, , ,Mailing Address 270 Biscayne Boulevard Way
270 Biscayne Boulevard WayCity
MiamiState
FLZip Code
33131FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
FP JOurneOccupation (for Individual)
General Manager

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 07 / 2023

Transaction ID : SA11AI.5451

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Joaquin, David, , ,

Mailing Address 79 Richmond Road

City
BelmontState
MAZip Code
02478FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Lyons GroupOccupation (for Individual)
CFO

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 23 / 2023

Transaction ID : SA11AI.5411

Amount of Each Receipt this Period

1000.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 16 OF 83

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

SOS AMERICA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Kimmelman, Doug, , ,Mailing Address 9001 Collins Avenue
SPH1City
SurfsideState
FLZip Code
33154FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ECPOccupation (for Individual)
investment manager

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 02 / 2023

Transaction ID : SA11AI.5441

Amount of Each Receipt this Period

50000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Lion Financial LLC

Mailing Address 5080 Biscayne Blvd Ste A

City
MiamiState
FLZip Code
33137FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)
Financial Services

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 07 / 2023

Transaction ID : SA11AI.5512

Amount of Each Receipt this Period

5000.00

☐ Memo Item
see LLC attribution below

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Simkins, Ronald, , ,Mailing Address 5080 Biscayne Blvd.
Suite ACity
MiamiState
FLZip Code
33137FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Lion Financial, LLCOccupation (for Individual)
Member

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 07 / 2023

Transaction ID : SA11AI.5512.0

Amount of Each Receipt this Period

5000.00

☒ Memo Item
LLC attribution**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

55000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 17 OF 83

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

SOS AMERICA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Lutz, John, , ,

Mailing Address 862 Scioto Drive

City

Franklin Lakes

State

NJ

Zip Code

07417

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

McDermott

Occupation (for Individual)

Partner

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
01 / 19 / 2023

Transaction ID : SA11AI.5387

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Lyons, Michael D, , ,Mailing Address 374 Malborough St
Apt 2

City

Boston

State

MA

Zip Code

02115

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Lyons GroupOccupation (for Individual)
Associate Broker & Realtor

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2023

Transaction ID : SA11AI.5413

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Lyons, Patrick, , ,Mailing Address 355 Congress Street
Unit 1

City

Boston

State

MA

Zip Code

02210

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Lyons GroupOccupation (for Individual)
President

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2023

Transaction ID : SA11AI.5409

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

2500.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 OF 83

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

SOS AMERICA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Mazzone, Martha, , ,Mailing Address 21 Wormwood St
514City
BostonState
MAZip Code
02210FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Milken InstituteOccupation (for Individual)
Attorney

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 22 / 2023

Transaction ID : SA11AI.5397

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. McKeon, Brian, , ,

Mailing Address 48 Druid Hill Road

City
NewtonState
MAZip Code
02461FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
BsscOccupation (for Individual)
Physician

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 18 / 2023

Transaction ID : SA11AI.5395

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Meldman, Michael, , ,

Mailing Address 4942 Summit Overlook Drive

City
Las VegasState
NVZip Code
89135FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Discovery Land CoOccupation (for Individual)
Developer

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 09 / 2023

Transaction ID : SA11AI.5457

Amount of Each Receipt this Period

5000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

6500.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 19 OF 83

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

SOS AMERICA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Michael, Emil, , ,

Mailing Address 1511 West 27th Street

City

Miami Beach

State

FL

Zip Code

33140

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

M8 Enterprises LLC

Occupation (for Individual)

Consulting

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 31 / 2023

Transaction ID : SA11AI.5439

Amount of Each Receipt this Period

10000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Nassour, Jennifer, , ,

Mailing Address 12 Mountview Rd

City

Wellesley

State

MA

Zip Code

02481

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)

Strategist

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2023

Transaction ID : SA11AI.5403

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Ornelas, Adam, , ,

Mailing Address 1691 Mesa Drive

#N5

City

Newport Beach

State

CA

Zip Code

92660

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Freelance

Occupation (for Individual)

Marketing

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
06 / 14 / 2023

Transaction ID : SA11AI.5475

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

15250.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 OF 83

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

SOS AMERICA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. OSULLIVAN, John, , ,

Mailing Address 2669 South Bayshore Drive
402NCity
MiamiState
FLZip Code
33133FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Quinn Emanuel

Occupation (for Individual)

Lawyer

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	06	/	2023

Transaction ID : SA11AI.5443

Amount of Each Receipt this Period

10000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. PassionForest, LLC

Mailing Address 701 Brickell Ave
Ste 3300City
MiamiState
FLZip Code
33131FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	28	/	2022

Transaction ID : SA11AI.5835

Amount of Each Receipt this Period

500000.00

☒ Memo Item
 see LLC attribution below (pg 25-B)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Peabody, Robert, , ,

Mailing Address 11 Tannery Brook Row
Apt 5City
SomervilleState
MAZip Code
02144FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Husch Blackwell

Occupation (for Individual)

Attorney

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	23	/	2023

Transaction ID : SA11AI.5419

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

11000.00

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI

Transaction ID : SA11AI.5835

Contribution was reported on Oct 28, 2022 with missing partnership attribution. Attribution to Ivan Soto-Wright included below

Form/Schedule:

Transaction ID:

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 22 OF 83
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

SOS AMERICA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Piloto Cigars Inc

Mailing Address 1575 Southwest 1st Street

City
MiamiState
FLZip Code
33135FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)
Cigar Shop

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 07 / 2023

Transaction ID : SA11AI.5508

Amount of Each Receipt this Period

2000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Potamkin, Alan, , ,Mailing Address 9001 Collins Avenue
811SCity
SurfsideState
FLZip Code
33154FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Potamkin CompaniesOccupation (for Individual)
President

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 28 / 2023

Transaction ID : SA11AI.5480

Amount of Each Receipt this Period

25000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Pyle, David, , ,

Mailing Address 151 Innovation Dr

City
IrvineState
CAZip Code
92617FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
American Career CollegeOccupation (for Individual)
CEO

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 15 / 2023

Transaction ID : SA11AI.5482

Amount of Each Receipt this Period

10000.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

37000.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 23 OF 83
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SOS AMERICA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. RFR HOLDING LLC

Mailing Address 375 PARK AVENUE

City
NEW YORKState
NYZip Code
10152FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)
Real Estate

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 06 / 2023

Transaction ID : SA11AI.5504

Amount of Each Receipt this Period

25000.00

☐ Memo Item
see LLC attribution below

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Rosen, Aby, , ,Mailing Address 375 Park Avenue
4th FloorCity
New YorkState
NYZip Code
10152FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RFR Holding LLCOccupation (for Individual)
Member

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

12500.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 06 / 2023

Transaction ID : SA11AI.5504.0

Amount of Each Receipt this Period

12500.00

☒ Memo Item
LLC attribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Fuchs, Michael, , ,Mailing Address 375 Park Avenue
4th FloorCity
New YorkState
NYZip Code
10152FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RFR Holding LLCOccupation (for Individual)
Member

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

12500.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 06 / 2023

Transaction ID : SA11AI.5504.1

Amount of Each Receipt this Period

12500.00

☒ Memo Item
LLC attribution**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

25000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

SOS AMERICA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Samuelian, Steve, , ,Mailing Address 31755 Coast Highway
202City
Laguna BeachState
CAZip Code
92651FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 14 / 2023

Transaction ID : SA11AI.5467

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Shafir, Robert, , ,Mailing Address 150 Charles Street
PH ACity
New YorkState
NYZip Code
10014FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 15 / 2023

Transaction ID : SA11AI.5393

Amount of Each Receipt this Period

10000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Sidman, Matthew, , ,Mailing Address 297 Commonwealth Ave
Unit 6City
BostonState
MAZip Code
02115FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Three Bays Capital

Occupation (for Individual)

Investor

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 01 / 2023

Transaction ID : SA11AI.5425

Amount of Each Receipt this Period

25000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

40000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 25 OF 83
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SOS AMERICA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Slade, Emily, , ,

Mailing Address 4161 Vantage Avenue

City

Los Angeles

State

CA

Zip Code

91604

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Arkive

Occupation (for Individual)

CCO

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 14 / 2023

Transaction ID : SA11AI.5473

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Soto-Wright, Ivan, , ,Mailing Address 701 Brickell Avenue
Ste 3300

City

Miami

State

FL

Zip Code

33131

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
PassionForest, LLC

Occupation (for Individual)

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 28 / 2022

Transaction ID : SA11AI.5837

Amount of Each Receipt this Period

500000.00

☒ Memo Item
LLC attribution (page 20-B)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Sternlicht, Barry, , ,

Mailing Address 591 W Putman Ave

City

Greenwich

State

CT

Zip Code

06830

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Starwood Capital Group

Occupation (for Individual)

CEO/CO-founder

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

100000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 07 / 2023

Transaction ID : SA11AI.5453

Amount of Each Receipt this Period

100000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

100500.00

TOTAL This Period (last page this line number only).....▶

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI

Transaction ID : SA11AI.5837

Contribution was reported on Oct 28, 2022 with missing partnership attribution. Related Partnership Attribution to
PassionForest LLC

Form/Schedule:

Transaction ID:

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 27 OF 83

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

SOS AMERICA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Stivelman, Claudio, , ,

Mailing Address 18851 Northeast 29th Avenue

City

Aventura

State

FL

Zip Code

33180

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

S2 Development

Occupation (for Individual)

CEO

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 25 / 2023

Transaction ID : SA11AI.5433

Amount of Each Receipt this Period

2000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Strang Hayes Holding CorpMailing Address 156 W 56th St
10th Floor

City

New York

State

NY

Zip Code

10019

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Real Estate

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 23 / 2023

Transaction ID : SA11AI.5494

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Sugarman, Thalia, , ,

Mailing Address 37 Woodman Rd

City

Chestnut Hill

State

MA

Zip Code

02467

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Brick Jones McBrien & Hickey

Occupation (for Individual)

Partner/Attorney

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 23 / 2023

Transaction ID : SA11AI.5415

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

4000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 28 OF 83
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SOS AMERICA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Sullivan, Ronald, , ,

Mailing Address 22 Clifton Rd

City
NewtonState
MAZip Code
02459FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Harvard Law ShoolOccupation (for Individual)
Professor

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 23 / 2023

Transaction ID : SA11AI.5407

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. The Learning Experience

Mailing Address 210 Hillsboro Technology Drive

City

Deerfield Beach

State

FL

Zip Code

33441

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)
Training

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 24 / 2023

Transaction ID : SA11AI.5502

Amount of Each Receipt this Period

50000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. TIERNEY, DANIEL, , ,Mailing Address 737 N. MICHIGAN AVE
STE 2100

City

CHICAGO

State

IL

Zip Code

60611

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WICKLOW CAPITAL INCOccupation (for Individual)
ADMINISTRATION

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 14 / 2023

Transaction ID : SA11AI.5471

Amount of Each Receipt this Period

25000.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

76000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 OF 83

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SOS AMERICA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Tristar Management LLC

Mailing Address 590 Madison Ave Fl 21

City
New York

State
NY

Zip Code
10022

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)
Real Estate

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200000.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 09 / 2023

Transaction ID : SA11AI.5516

Amount of Each Receipt this Period

200000.00

☐ Memo Item
see LLC attribution below

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Edelstein, David, , ,

Mailing Address 590 Madison Avenue

City
New York

State
NY

Zip Code
10022

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Tristar Management LLC

Occupation (for Individual)
Real Estate Invest/Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200000.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 09 / 2023

Transaction ID : SA11AI.5516.0

Amount of Each Receipt this Period

200000.00

☒ Memo Item
LLC attribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Vince Group Inc

Mailing Address 140 Glastonbury Blvd
Ste 26

City
Glastonbury

State
CT

Zip Code
06033

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)
Public Affairs

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 23 / 2023

Transaction ID : SA11AI.5498

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

201000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 30 OF 83
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SOS AMERICA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Weitz & Luxenberg, P.C.

Mailing Address 700 Broadway

City
New YorkState
NYZip Code
10003FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)
Law Firm

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100000.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 07 / 2023

Transaction ID : SA11AI.5510

Amount of Each Receipt this Period

100000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Williams, Michael, , ,

Mailing Address 853 10th Street

City

Manhattan Beach

State

CA

Zip Code

90266

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Quinn EmanuelOccupation (for Individual)
Attorney

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 14 / 2023

Transaction ID : SA11AI.5465

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Wilson, Kevin, , ,Mailing Address 360 Ocean Drive
1005-S

City

Key Biscayne

State

FL

Zip Code

33149

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
IntegralOccupation (for Individual)
Fintech

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 30 / 2023

Transaction ID : SA11AI.5437

Amount of Each Receipt this Period

5000.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

110000.00

1279250.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 31 OF 83

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

SOS AMERICA PAC

Full Name (Last, First, Middle Initial)

A. AnedotMailing Address 5555 Hilton Ave
Suite 106City
Baton RougeState
LAZip Code
70808Purpose of Disbursement
Merchant Fees

003

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y
06 / 30 / 2023

FEC Identification Number

C

Transaction ID : SB21B.5048

Amount of Each Disbursement this Period

18806.70

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Artisan Media GroupMailing Address 4960 SW 72 Ave
Ste 202City
MiamiState
FLZip Code
33155Purpose of Disbursement
National Republican Voter Survey

005

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y
06 / 16 / 2023

FEC Identification Number

C

Transaction ID : SB21B.4811

Amount of Each Disbursement this Period

69700.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Artisan Media GroupMailing Address 4960 SW 72 Ave
Ste 202City
MiamiState
FLZip Code
33155Purpose of Disbursement
Political Consulting

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y
06 / 20 / 2023

FEC Identification Number

C

Transaction ID : SB21B.4812

Amount of Each Disbursement this Period

29000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

117506.70

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 32 OF 83

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

SOS AMERICA PAC

Full Name (Last, First, Middle Initial)

A. Artisan Media GroupMailing Address 4960 SW 72 Ave
Ste 202City
MiamiState
FLZip Code
33155Purpose of Disbursement
Website design

004

Category/
Type

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6			2	0			2	0	2	3	

FEC Identification Number

C

Transaction ID : SB21B.4813

Amount of Each Disbursement this Period

10716.48

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Artisan Media GroupMailing Address 4960 SW 72 Ave
Ste 202City
MiamiState
FLZip Code
33155Purpose of Disbursement
SC Magmedia Data File

005

Category/
Type

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6			2	1			2	0	2	3	

FEC Identification Number

C

Transaction ID : SB21B.4814

Amount of Each Disbursement this Period

12834.60

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Artisan Media GroupMailing Address 4960 SW 72 Ave
Ste 202City
MiamiState
FLZip Code
33155Purpose of Disbursement
Voter Data Files - IA,NH,NV

005

Category/
Type

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6			2	1			2	0	2	3	

FEC Identification Number

C

Transaction ID : SB21B.4815

Amount of Each Disbursement this Period

11100.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

34651.08

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 33 OF 83

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

SOS AMERICA PAC

Full Name (Last, First, Middle Initial)

A. Artisan Media GroupMailing Address 4960 SW 72 Ave
Ste 202City
MiamiState
FLZip Code
33155Purpose of Disbursement
Short code aggregation

005

Category/
Type

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6			2	2			2	0	2	3	

FEC Identification Number

C

Transaction ID : SB21B.5046

Amount of Each Disbursement this Period

2675.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Artisan Media GroupMailing Address 4960 SW 72 Ave
Ste 202City
MiamiState
FLZip Code
33155Purpose of Disbursement
Magmedia File - Donors

005

Category/
Type

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6			2	2			2	0	2	3	

FEC Identification Number

C

Transaction ID : SB21B.5047

Amount of Each Disbursement this Period

31384.88

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Bennett, Barry, , ,

Mailing Address 14 West Oak Street

City
AlexandriaState
VAZip Code
22301Purpose of Disbursement
Strategic Consulting

001

Category/
Type

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	4			1	7			2	0	2	3	

FEC Identification Number

C

Transaction ID : SB21B.4672

Amount of Each Disbursement this Period

20000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

54059.88

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 34 OF 83

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

SOS AMERICA PAC

Full Name (Last, First, Middle Initial)

A. Bennett, Barry, , ,

Mailing Address 14 West Oak Street

City
AlexandriaState
VAZip Code
22301Purpose of Disbursement
Strategic Consulting

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
05 01 2023

FEC Identification Number

C

Transaction ID : SB21B.4675

Amount of Each Disbursement this Period

20000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Bennett, Barry, , ,

Mailing Address 14 West Oak Street

City
AlexandriaState
VAZip Code
22301Purpose of Disbursement
Strategic Consulting

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
06 01 2023

FEC Identification Number

C

Transaction ID : SB21B.4677

Amount of Each Disbursement this Period

23070.45

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Berke Farah LLPMailing Address 1717 K Street, NW
Suite 900City
WashingtonState
DCZip Code
20006Purpose of Disbursement
legal consulting

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
02 02 2023

FEC Identification Number

C

Transaction ID : SB21B.4665

Amount of Each Disbursement this Period

2145.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

45215.45

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 35 OF 83

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

SOS AMERICA PAC

Full Name (Last, First, Middle Initial)

A. Berke Farah LLPMailing Address 1717 K Street, NW
Suite 900City
WashingtonState
DCZip Code
20006Purpose of Disbursement
legal consulting

001

Category/
Type

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	9			2	0	2	3	

FEC Identification Number

C

Transaction ID : SB21B.4666

Amount of Each Disbursement this Period

1300.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Berke Farah LLPMailing Address 1717 K Street, NW
Suite 900City
WashingtonState
DCZip Code
20006Purpose of Disbursement
legal consulting

001

Category/
Type

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	7			2	0	2	3	

FEC Identification Number

C

Transaction ID : SB21B.4668

Amount of Each Disbursement this Period

780.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Berke Farah LLPMailing Address 1717 K Street, NW
Suite 900City
WashingtonState
DCZip Code
20006Purpose of Disbursement
legal consulting

001

Category/
Type

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	4			1	7			2	0	2	3	

FEC Identification Number

C

Transaction ID : SB21B.4674

Amount of Each Disbursement this Period

535.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

2615.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 36 OF 83

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

SOS AMERICA PAC

Full Name (Last, First, Middle Initial)

A. BFF Compliance

Mailing Address 6619 S Dixie Hwy No 148

City
MiamiState
FLZip Code
33143Purpose of Disbursement
Accounting & Compliance

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y
01 / 06 / 2023

FEC Identification Number

C

Transaction ID : SB21B.4657

Amount of Each Disbursement this Period

6300.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. BFF Compliance

Mailing Address 6619 S Dixie Hwy No 148

City
MiamiState
FLZip Code
33143Purpose of Disbursement
Accounting & Compliance

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y
06 / 09 / 2023

FEC Identification Number

C

Transaction ID : SB21B.4678

Amount of Each Disbursement this Period

2625.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. BYG Strategies Inc.Mailing Address 951 Brickell Ave
#410City
MiamiState
FLZip Code
33131Purpose of Disbursement
Fundraising Consulting

003

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y
01 / 12 / 2023

FEC Identification Number

C

Transaction ID : SB21B.4658

Amount of Each Disbursement this Period

200000.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

208925.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 37 OF 83

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

SOS AMERICA PAC

Full Name (Last, First, Middle Initial)

A. BYG Strategies Inc.Mailing Address 951 Brickell Ave
#410City
MiamiState
FLZip Code
33131Purpose of Disbursement
Fundraising Consulting

003

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y
03 / 02 / 2023

FEC Identification Number

C

Transaction ID : SB21B.4667

Amount of Each Disbursement this Period

48717.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Harris Media, LLCMailing Address 66 W Flagler Street
Unit PH-1City
MiamiState
FLZip Code
33130Purpose of Disbursement
Consulting, Web Design & Development

004

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y
06 / 14 / 2023

FEC Identification Number

C

Transaction ID : SB21B.5043

Amount of Each Disbursement this Period

37851.43

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. i360, LLCMailing Address 2300 Clarendon Blvd
Ste 800City
ArlingtonState
VAZip Code
22201Purpose of Disbursement
IA Caucus List

005

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y
06 / 22 / 2023

FEC Identification Number

C

Transaction ID : SB21B.4680

Amount of Each Disbursement this Period

35000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

121568.93

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 38 OF 83

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

SOS AMERICA PAC

Full Name (Last, First, Middle Initial)

A. Synovus Bank

Mailing Address 1148 Broadway

City
ColumbusState
GAZip Code
31901Purpose of Disbursement
bank fees

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	6			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.4659

Amount of Each Disbursement this Period

844.81

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Synovus Bank

Mailing Address 1148 Broadway

City
ColumbusState
GAZip Code
31901Purpose of Disbursement
bank fees

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	4			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.4660

Amount of Each Disbursement this Period

644.38

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Synovus Bank

Mailing Address 1148 Broadway

City
ColumbusState
GAZip Code
31901Purpose of Disbursement
bank fees

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			2	7			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.4661

Amount of Each Disbursement this Period

680.25

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

2169.44

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 39 OF 83

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

SOS AMERICA PAC

Full Name (Last, First, Middle Initial)

A. Synovus Bank

Mailing Address 1148 Broadway

City
ColumbusState
GAZip Code
31901Purpose of Disbursement
bank fees

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			2	4			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.4662

Amount of Each Disbursement this Period

648.35

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Synovus Bank

Mailing Address 1148 Broadway

City
ColumbusState
GAZip Code
31901Purpose of Disbursement
bank fees

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			2	6			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.4663

Amount of Each Disbursement this Period

658.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Synovus Bank

Mailing Address 1148 Broadway

City
ColumbusState
GAZip Code
31901Purpose of Disbursement
bank fees

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			2	9			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.4664

Amount of Each Disbursement this Period

609.77

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1916.27

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 40 OF 83

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

SOS AMERICA PAC

Full Name (Last, First, Middle Initial)

A. The Tarrance GroupMailing Address 201 N. Union St.
Ste 410City
AlexandriaState
VAZip Code
22314Purpose of Disbursement
Focus Groups

005

Category/
Type

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	7			2	0	2	3	

FEC Identification Number

C

Transaction ID : SB21B.4670

Amount of Each Disbursement this Period

52000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. The Tarrance GroupMailing Address 201 N. Union St.
Ste 410City
AlexandriaState
VAZip Code
22314Purpose of Disbursement
Focus Groups

005

Category/
Type

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	4			1	7			2	0	2	3	

FEC Identification Number

C

Transaction ID : SB21B.4673

Amount of Each Disbursement this Period

54000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

106000.00

TOTAL This Period (last page this line number only).....▶

694627.75

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 41 OF 83

FOR LINE NUMBER:
(check only one)
☒ 9
☐ 10
NAME OF COMMITTEE (In Full)
SOS AMERICA PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Artisan Media GroupNature of Debt (Purpose):
TV Media Ads BuyMailing Address 4960 SW 72 Ave
Ste 202City
MiamiState
FLZip Code
33155

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD9.5810

Amount Incurred This Period

91495.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

91495.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)..... ►

91495.00

2) **TOTALS** This Period (last page this line number only)..... ►

91495.00

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

91495.00

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)
SOS AMERICA PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Artisan Media GroupNature of Debt (Purpose):
Live Phone BankMailing Address 4960 SW 72 Ave
Ste 202City
MiamiState
FLZip Code
33155

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4849

Amount Incurred This Period

44332.80

Payment This Period

0.00

Outstanding Balance at Close of This Period

44332.80

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Artisan Media GroupNature of Debt (Purpose):
Live Phone BankMailing Address 4960 SW 72 Ave
Ste 202City
MiamiState
FLZip Code
33155

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4863

Amount Incurred This Period

41527.86

Payment This Period

0.00

Outstanding Balance at Close of This Period

41527.86

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Artisan Media GroupNature of Debt (Purpose):
MMS MessagingMailing Address 4960 SW 72 Ave
Ste 202City
MiamiState
FLZip Code
33155

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4875

Amount Incurred This Period

184759.11

Payment This Period

0.00

Outstanding Balance at Close of This Period

184759.11

1) **SUBTOTALS** This Period This Page (optional)..... ►

270619.77

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 43 OF 83

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)
SOS AMERICA PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Artisan Media Group

Nature of Debt (Purpose):

Vote Contact (P2P Messages)

Mailing Address 4960 SW 72 Ave
Ste 202City
MiamiState
FLZip Code
33155

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4910

Amount Incurred This Period

6988.86

Payment This Period

0.00

Outstanding Balance at Close of This Period

6988.86

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Artisan Media Group

Nature of Debt (Purpose):

Voter Contact (P2P Messages)

Mailing Address 4960 SW 72 Ave
Ste 202City
MiamiState
FLZip Code
33155

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4923

Amount Incurred This Period

8442.02

Payment This Period

0.00

Outstanding Balance at Close of This Period

8442.02

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Harris Media, LLC

Nature of Debt (Purpose):

Digital Ads

Mailing Address 66 W Flagler Street
Unit PH-1City
MiamiState
FLZip Code
33130

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.5809

Amount Incurred This Period

1880.80

Payment This Period

0.00

Outstanding Balance at Close of This Period

1880.80

1) **SUBTOTALS** This Period This Page (optional)..... ►

17311.68

2) **TOTALS** This Period (last page this line number only)..... ►

287931.45

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

287931.45

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 44 OF 83
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) SOS AMERICA PAC		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00801803</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y</div>			
Full Name of Payee Artisan Media Group		<input checked="" type="checkbox"/> Memo Item Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y</div> 06 / 23 / 2023	
Mailing Address 4960 SW 72 Ave Ste 202		Amount <div style="border-bottom: 1px solid black; width: 100%; text-align: right;">6147.21</div>	
City Miami	State FL	Zip Code 33155	Transaction ID : SE.4868 Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y</div>
Purpose of Expenditure MMS Messaging		Category/ Type <div style="border-bottom: 1px solid black; width: 40px; text-align: center;">004</div>	
Name of Federal Candidate: SUAREZ, FRANCIS X., X., ,		<input checked="" type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>FL</u>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee Artisan Media Group		<input type="checkbox"/> Memo Item Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y</div> 06 / 21 / 2023	
Mailing Address 4960 SW 72 Ave Ste 202		Amount <div style="border-bottom: 1px solid black; width: 100%; text-align: right;">18299.21</div>	
City Miami	State FL	Zip Code 33155	Transaction ID : SE.4485 Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y</div> 06 / 20 / 2023
Purpose of Expenditure MMS Messaging		Category/ Type <div style="border-bottom: 1px solid black; width: 40px; text-align: center;">004</div>	
Name of Federal Candidate: SUAREZ, FRANCIS X., X., ,		<input checked="" type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IA</u>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures		<div style="border-bottom: 1px solid black; width: 100%; text-align: right;">18299.21</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....		<div style="border-bottom: 1px solid black; width: 100%; text-align: right;"></div>	
(c) TOTAL Independent Expenditures		<div style="border-bottom: 1px solid black; width: 100%; text-align: right;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Maggiolo, Gloria, , ,		Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y</div> 07 / 31 / 2023	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 45 OF 83
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) SOS AMERICA PAC		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00801803</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M /</div><div style="border: 1px solid black; padding: 2px;">D D /</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div>			
Full Name of Payee Artisan Media Group		<input type="checkbox"/> Memo Item Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M /</div><div style="border: 1px solid black; padding: 2px;">D D /</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">06</div><div style="border: 1px solid black; padding: 2px;">21</div><div style="border: 1px solid black; padding: 2px;">2023</div></div>	
Mailing Address 4960 SW 72 Ave Ste 202		Amount <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">32496.28</div></div>	
City Miami	State FL	Zip Code 33155	Transaction ID : SE.4487 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M /</div><div style="border: 1px solid black; padding: 2px;">D D /</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">06</div><div style="border: 1px solid black; padding: 2px;">20</div><div style="border: 1px solid black; padding: 2px;">2023</div></div>
Purpose of Expenditure MMS Messaging		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	
Name of Federal Candidate: SUAREZ, FRANCIS X., X., ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: <u>NV</u>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee Artisan Media Group		<input type="checkbox"/> Memo Item Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M /</div><div style="border: 1px solid black; padding: 2px;">D D /</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">06</div><div style="border: 1px solid black; padding: 2px;">21</div><div style="border: 1px solid black; padding: 2px;">2023</div></div>	
Mailing Address 4960 SW 72 Ave Ste 202		Amount <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">13798.09</div></div>	
City Miami	State FL	Zip Code 33155	Transaction ID : SE.4488 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M /</div><div style="border: 1px solid black; padding: 2px;">D D /</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">06</div><div style="border: 1px solid black; padding: 2px;">20</div><div style="border: 1px solid black; padding: 2px;">2023</div></div>
Purpose of Expenditure MMS Messaging		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	
Name of Federal Candidate: SUAREZ, FRANCIS X., X., ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: <u>NH</u>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">46294.37</div></div>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....		<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;"></div></div>	
(c) TOTAL Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;"></div></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <i>Maggiolo, Gloria, , ,</i>		Date <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M /</div><div style="border: 1px solid black; padding: 2px;">D D /</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">07</div><div style="border: 1px solid black; padding: 2px;">31</div><div style="border: 1px solid black; padding: 2px;">2023</div></div>	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 46 OF 83
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) SOS AMERICA PAC				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00801803</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div>					
Full Name of Payee Artisan Media Group <input checked="" type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 06 / 22 / 2023		
Mailing Address 4960 SW 72 Ave Ste 202			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">355269.00</div>		
City Miami	State FL	Zip Code 33155	Transaction ID : SE.4822 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 06 / 20 / 2023		
Purpose of Expenditure National TV Media Ad Buy		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>			
Name of Federal Candidate: SUAREZ, FRANCIS X., X., , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IA</u>		
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">575449.08</div>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Artisan Media Group <input checked="" type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 06 / 22 / 2023		
Mailing Address 4960 SW 72 Ave Ste 202			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">10684.00</div>		
City Miami	State FL	Zip Code 33155	Transaction ID : SE.4824 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 06 / 20 / 2023		
Purpose of Expenditure Local TV Media Ad Buy		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>			
Name of Federal Candidate: SUAREZ, FRANCIS X., X., , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IA</u>		
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">586133.08</div>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
(c) TOTAL Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Maggiolo, Gloria, , ,		[Electronically Filed]		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 07 / 31 / 2023	

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB
.

Form/Schedule: SE
Transaction ID : SE.4822
Nationwide

Form/Schedule:
Transaction ID:

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 48 OF 83
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) SOS AMERICA PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00801803</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report ▶ New report Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div>				
Full Name of Payee Artisan Media Group <input checked="" type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 06 / 22 / 2023	
Mailing Address 4960 SW 72 Ave Ste 202			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">10684.00</div>	
City Miami	State FL	Zip Code 33155	Transaction ID : SE.4826 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 06 / 20 / 2023	
Purpose of Expenditure Local TV Media Ad Buy			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	
Name of Federal Candidate: SUAREZ, FRANCIS X., X., ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NV	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">43180.28</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee Artisan Media Group <input checked="" type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 06 / 22 / 2023	
Mailing Address 4960 SW 72 Ave Ste 202			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">10684.00</div>	
City Miami	State FL	Zip Code 33155	Transaction ID : SE.4831 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 06 / 20 / 2023	
Purpose of Expenditure Local TV Media Ad Buy			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	
Name of Federal Candidate: SUAREZ, FRANCIS X., X., ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: SC	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">10684.00</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶ _____	
<div style="display: flex; justify-content: space-between;"><div style="width: 60%;">(a) SUBTOTAL of Itemized Independent Expenditures</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(b) SUBTOTAL of Unitemized Independent Expenditures.....</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;"></div></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(c) TOTAL Independent Expenditures</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;"></div></div></div>				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <u>Maggiolo, Gloria, , ,</u> [Electronically Filed] Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 07 / 31 / 2023				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 49 OF 83
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) SOS AMERICA PAC				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00801803</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report ▶ New report Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div>					
Full Name of Payee Artisan Media Group			<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 06 / 22 / 2023	
Mailing Address 4960 SW 72 Ave Ste 202			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">10684.00</div>		
City Miami		State FL	Zip Code 33155	Transaction ID : SE.4833 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 06 / 20 / 2023	
Purpose of Expenditure Local TV Media Ad Buy			Category/ Type	<div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	
Name of Federal Candidate: SUAREZ, FRANCIS X., X., ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NH</u>	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">24482.09</div>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee Artisan Media Group			<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 06 / 22 / 2023	
Mailing Address 4960 SW 72 Ave Ste 202			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">74000.00</div>		
City Miami		State FL	Zip Code 33155	Transaction ID : SE.4839 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 06 / 20 / 2023	
Purpose of Expenditure TV Ad Production			Category/ Type	<div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	
Name of Federal Candidate: SUAREZ, FRANCIS X., X., ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IA</u>	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">660133.08</div>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶ _____	
<div style="display: flex; justify-content: space-between;"><div style="width: 60%;">(a) SUBTOTAL of Itemized Independent Expenditures</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(b) SUBTOTAL of Unitemized Independent Expenditures.....</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;"></div></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(c) TOTAL Independent Expenditures</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;"></div></div></div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Maggiolo, Gloria, , ,</i>			[Electronically Filed]	Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 07 / 31 / 2023	

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Form/Schedule: SE
Transaction ID : SE.4839
Nationwide

Form/Schedule:
Transaction ID:

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 51 OF 83
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) SOS AMERICA PAC		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00801803</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		New report Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div>	
Full Name of Payee Artisan Media Group <input checked="" type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 06 / 28 / 2023	
Mailing Address 4960 SW 72 Ave Ste 202		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">10500.00</div>	
City Miami	State FL	Zip Code 33155	Transaction ID : SE.4911 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 06 / 20 / 2023
Purpose of Expenditure Local TV Media Ad Buy		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	
Name of Federal Candidate: SUAREZ, FRANCIS X., X., , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: TX	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">10500.00</div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee Artisan Media Group <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div>	
Mailing Address 4960 SW 72 Ave Ste 202		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">500000.00</div>	
City Miami	State FL	Zip Code 33155	Transaction ID : SE.6188 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 06 / 20 / 2023
Purpose of Expenditure National & Local TV Media Buy (covers all estimated IE on 48- hr reports filed 6/24 & 6/29)		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	
Name of Federal Candidate: SUAREZ, FRANCIS X., X., , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: IA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">1160133.08</div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: inline-block;">500000.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) TOTAL Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Maggiolo, Gloria, , , _____ [Electronically Filed]		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 07 / 31 / 2023	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 52 OF 83
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) SOS AMERICA PAC				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00801803</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y</div>					
Full Name of Payee Artisan Media Group <input type="checkbox"/> Memo Item				Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y</div> 06 / 22 / 2023	
Mailing Address 4960 SW 72 Ave Ste 202				Amount <div style="border-bottom: 1px solid black; width: 100%; text-align: right;">74000.00</div>	
City Miami		State FL	Zip Code 33155	Transaction ID : SE.6190 Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y</div> 06 / 20 / 2023	
Purpose of Expenditure TV Ad Production				Category/ Type <div style="border-bottom: 1px solid black; width: 40px; text-align: center;">004</div>	
Name of Federal Candidate: SUAREZ, FRANCIS X., X., , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose				Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought <div style="border-bottom: 1px solid black; width: 150px; text-align: right;">1234133.08</div>				Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee Artisan Media Group <input type="checkbox"/> Memo Item				Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y</div> 06 / 22 / 2023	
Mailing Address 4960 SW 72 Ave Ste 202				Amount <div style="border-bottom: 1px solid black; width: 100%; text-align: right;">16750.00</div>	
City Miami		State FL	Zip Code 33155	Transaction ID : SE.4525 Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y</div> 06 / 21 / 2023	
Purpose of Expenditure Phone Bank Setup				Category/ Type <div style="border-bottom: 1px solid black; width: 40px; text-align: center;">004</div>	
Name of Federal Candidate: SUAREZ, FRANCIS X., X., , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose				Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought <div style="border-bottom: 1px solid black; width: 150px; text-align: right;">1250883.08</div>				Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶ _____	
<div style="display: flex; justify-content: space-between;"><div style="width: 60%;">(a) SUBTOTAL of Itemized Independent Expenditures</div><div style="width: 35%; text-align: right;"><div style="border-bottom: 1px solid black; width: 100%; text-align: right;">90750.00</div></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(b) SUBTOTAL of Unitemized Independent Expenditures.....</div><div style="width: 35%; text-align: right;"><div style="border-bottom: 1px solid black; width: 100%; text-align: right;"></div></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(c) TOTAL Independent Expenditures</div><div style="width: 35%; text-align: right;"><div style="border-bottom: 1px solid black; width: 100%; text-align: right;"></div></div></div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Maggiolo, Gloria, , ,</u> [Electronically Filed] Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y</div> 07 / 31 / 2023					

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Form/Schedule: SE
Transaction ID : SE.6190
Nationwide

Form/Schedule: SE
Transaction ID: SE.4525
Nationwide

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 54 OF 83
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) SOS AMERICA PAC				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00801803</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div>					
Full Name of Payee Artisan Media Group			<input type="checkbox"/> Memo Item Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">06 / 22 / 2023</div>		
Mailing Address 4960 SW 72 Ave Ste 202			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">74297.66</div>		
City Miami	State FL	Zip Code 33155	Transaction ID : SE.4492 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">06 / 23 / 2023</div>		
Purpose of Expenditure MMS Messaging			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		
Name of Federal Candidate: SUAREZ, FRANCIS X., X., ,			<input checked="" type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: SC		
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">84981.66</div> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Artisan Media Group			<input type="checkbox"/> Memo Item Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">06 / 26 / 2023</div>		
Mailing Address 4960 SW 72 Ave Ste 202			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">16500.00</div>		
City Miami	State FL	Zip Code 33155	Transaction ID : SE.4537 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">06 / 23 / 2023</div>		
Purpose of Expenditure Phone Bank Setup			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		
Name of Federal Candidate: SUAREZ, FRANCIS X., X., ,			<input checked="" type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA		
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">1267383.08</div> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;">90797.66</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
(c) TOTAL Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Maggiolo, Gloria, , ,		[Electronically Filed]		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">07 / 31 / 2023</div>	

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Transaction ID : SE.4537
Nationwide

Form/Schedule:
Transaction ID:

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 56 OF 83
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) SOS AMERICA PAC				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00801803</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div>					
Full Name of Payee Artisan Media Group <input checked="" type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 06 / 27 / 2023		
Mailing Address 4960 SW 72 Ave Ste 202			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">25.00</div>		
City Miami	State FL	Zip Code 33155	Transaction ID : SE.4902 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 07 / 03 / 2023		
Purpose of Expenditure MMS Messaging		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>			
Name of Federal Candidate: SUAREZ, FRANCIS X., X., , <div style="text-align: right;"><input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose</div>			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>FL</u>		
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">6172.21</div>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Artisan Media Group <input checked="" type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 06 / 27 / 2023		
Mailing Address 4960 SW 72 Ave Ste 202			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">6963.86</div>		
City Miami	State FL	Zip Code 33155	Transaction ID : SE.4903 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 07 / 03 / 2023		
Purpose of Expenditure MMS Messaging		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>			
Name of Federal Candidate: SUAREZ, FRANCIS X., X., , <div style="text-align: right;"><input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose</div>			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IA</u>		
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">1279609.90</div>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures ▶ <div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>					
(b) SUBTOTAL of Unitemized Independent Expenditures..... ▶ <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>					
(c) TOTAL Independent Expenditures ▶ <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Maggiolo, Gloria, , , _____ [Electronically Filed]			Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 07 / 31 / 2023		

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
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Form/Schedule: SE
Transaction ID : SE.4903
Nationwide

Form/Schedule:
Transaction ID:

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 58 OF 83
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) SOS AMERICA PAC				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00801803</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div>					
Full Name of Payee Artisan Media Group <input checked="" type="checkbox"/> Memo Item				Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 06 / 27 / 2023	
Mailing Address 4960 SW 72 Ave Ste 202				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">884.04</div>	
City Miami		State FL		Zip Code 33155	
Purpose of Expenditure MMS Messaging				Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	
Name of Federal Candidate: SUAREZ, FRANCIS X., X., , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose				Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IA</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">1280493.94</div>				Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee Artisan Media Group <input checked="" type="checkbox"/> Memo Item				Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 06 / 28 / 2023	
Mailing Address 4960 SW 72 Ave Ste 202				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">6964.15</div>	
City Miami		State FL		Zip Code 33155	
Purpose of Expenditure MMS Messaging				Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	
Name of Federal Candidate: SUAREZ, FRANCIS X., X., , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose				Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IA</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">1287458.09</div>				Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶ _____	
<div style="display: flex; justify-content: space-between;"><div>(a) SUBTOTAL of Itemized Independent Expenditures</div><div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div>(b) SUBTOTAL of Unitemized Independent Expenditures.....</div><div style="border: 1px solid black; padding: 2px; display: inline-block;"></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div>(c) TOTAL Independent Expenditures</div><div style="border: 1px solid black; padding: 2px; display: inline-block;"></div></div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Maggiolo, Gloria, , ,</u> [Electronically Filed]				Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 07 / 31 / 2023	

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB
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Form/Schedule: SE
Transaction ID : SE.4924
Nationwide

Form/Schedule: SE
Transaction ID: SE.4931
Nationwide

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 60 OF 83
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) SOS AMERICA PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00801803</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report			New report Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div>	
Full Name of Payee Artisan Media Group		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 06 / 28 / 2023	
Mailing Address 4960 SW 72 Ave Ste 202		City Miami	State FL	Zip Code 33155
Purpose of Expenditure MMS Messaging				
Category/Type 004		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">172.80</div>	Transaction ID : SE.4932 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 07 / 03 / 2023	
Name of Federal Candidate: SUAREZ, FRANCIS X., X., ,				
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President <input type="checkbox"/> State: <u>IA</u>	
1287630.89				
Full Name of Payee Artisan Media Group		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 06 / 28 / 2023	
Mailing Address 4960 SW 72 Ave Ste 202				
City Miami		State FL	Zip Code 33155	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">421.02</div>
Purpose of Expenditure MMS Messaging				
Category/Type 004		Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 07 / 03 / 2023	Transaction ID : SE.4933	
Name of Federal Candidate: SUAREZ, FRANCIS X., X., ,				
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President <input type="checkbox"/> State: <u>IA</u>	
1288051.91				
<div style="display: flex; justify-content: space-between;"><div style="width: 60%;">(a) SUBTOTAL of Itemized Independent Expenditures</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(b) SUBTOTAL of Unitemized Independent Expenditures.....</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;"></div></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(c) TOTAL Independent Expenditures</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;"></div></div></div>				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Maggiolo, Gloria, , , Signature		[Electronically Filed] Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 07 / 31 / 2023		

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Form/Schedule: SE
Transaction ID : SE.4932
Nationwide

Form/Schedule: SE
Transaction ID: SE.4933
Nationwide

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 62 OF 83
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) SOS AMERICA PAC				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00801803</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report ▶ New report Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>					
Full Name of Payee Artisan Media Group <input checked="" type="checkbox"/> Memo Item				Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 06 / 22 / 2023	
Mailing Address 4960 SW 72 Ave Ste 202				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">22291.49</div>	
City Miami		State FL		Zip Code 33155	
Purpose of Expenditure Live Phone Bank				Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	
Name of Federal Candidate: SUAREZ, FRANCIS X., X., , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose				Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NV	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">65471.77</div>				Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee Artisan Media Group <input checked="" type="checkbox"/> Memo Item				Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 06 / 22 / 2023	
Mailing Address 4960 SW 72 Ave Ste 202				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">12551.97</div>	
City Miami		State FL		Zip Code 33155	
Purpose of Expenditure Live Phone Bank				Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	
Name of Federal Candidate: SUAREZ, FRANCIS X., X., , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose				Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">1300603.88</div>				Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures ▶ <div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>					
(b) SUBTOTAL of Unitemized Independent Expenditures..... ▶ <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>					
(c) TOTAL Independent Expenditures ▶ <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Maggiolo, Gloria, , , Signature				[Electronically Filed] Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 07 / 31 / 2023	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 63 OF 83
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) SOS AMERICA PAC				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00801803</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div>					
Full Name of Payee Artisan Media Group <input checked="" type="checkbox"/> Memo Item				Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 06 / 22 / 2023	
Mailing Address 4960 SW 72 Ave Ste 202				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">9447.20</div>	
City Miami		State FL		Zip Code 33155	
Purpose of Expenditure Live Phone Bank				Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	
Name of Federal Candidate: SUAREZ, FRANCIS X., X., , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose				Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NH</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">33929.29</div>				Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee Artisan Media Group <input checked="" type="checkbox"/> Memo Item				Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 06 / 22 / 2023	
Mailing Address 4960 SW 72 Ave Ste 202				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">41522.49</div>	
City Miami		State FL		Zip Code 33155	
Purpose of Expenditure Live Phone Bank				Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	
Name of Federal Candidate: SUAREZ, FRANCIS X., X., , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose				Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>SC</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">126504.15</div>				Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶ _____	
<div style="display: flex; justify-content: space-between;"><div>(a) SUBTOTAL of Itemized Independent Expenditures</div><div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div>(b) SUBTOTAL of Unitemized Independent Expenditures.....</div><div style="border: 1px solid black; padding: 2px; display: inline-block;"></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div>(c) TOTAL Independent Expenditures</div><div style="border: 1px solid black; padding: 2px; display: inline-block;"></div></div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Maggiolo, Gloria, , ,</u> [Electronically Filed]				Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 07 / 31 / 2023	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 64 OF 83
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) SOS AMERICA PAC				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00801803</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>					
Full Name of Payee Artisan Media Group <input checked="" type="checkbox"/> Memo Item				Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 06 / 24 / 2023	
Mailing Address 4960 SW 72 Ave Ste 202				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">32034.33</div>	
City Miami		State FL	Zip Code 33155	Transaction ID : SE.4866 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 07 / 05 / 2023	
Purpose of Expenditure MMS Messaging Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>					
Name of Federal Candidate: SUAREZ, FRANCIS X., X., , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose				Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: TX	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">42534.33</div>				Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee Artisan Media Group <input checked="" type="checkbox"/> Memo Item				Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 06 / 23 / 2023	
Mailing Address 4960 SW 72 Ave Ste 202				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">146558.20</div>	
City Miami		State FL	Zip Code 33155	Transaction ID : SE.4867 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 07 / 05 / 2023	
Purpose of Expenditure MMS Messaging Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>					
Name of Federal Candidate: SUAREZ, FRANCIS X., X., , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose				Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: FL	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">152730.41</div>				Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶ _____	
<div style="display: flex; justify-content: space-between;"><div>(a) SUBTOTAL of Itemized Independent Expenditures</div><div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div>(b) SUBTOTAL of Unitemized Independent Expenditures.....</div><div style="border: 1px solid black; padding: 2px; display: inline-block;"></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div>(c) TOTAL Independent Expenditures</div><div style="border: 1px solid black; padding: 2px; display: inline-block;"></div></div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. <div style="display: flex; justify-content: space-between; align-items: flex-end;"><div style="width: 40%;">Maggiolo, Gloria, , , Signature</div><div style="width: 20%; text-align: center;">[Electronically Filed]</div><div style="width: 30%; text-align: right;">Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 07 / 31 / 2023</div></div>					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 65 OF 83
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) SOS AMERICA PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00801803</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div>				
Full Name of Payee Harris Media, LLC <input checked="" type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 06 / 14 / 2023	
Mailing Address 66 W Flagler Street Unit PH-1			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">3500.00</div>	
City Miami	State FL	Zip Code 33130	Transaction ID : SE.4769 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 06 / 14 / 2023	
Purpose of Expenditure Ad Production		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		
Name of Federal Candidate: SUAREZ, FRANCIS X., X., , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IA</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">3500.00</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee Harris Media, LLC <input checked="" type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 06 / 14 / 2023	
Mailing Address 66 W Flagler Street Unit PH-1			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">4519.52</div>	
City Miami	State FL	Zip Code 33130	Transaction ID : SE.4770 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 06 / 14 / 2023	
Purpose of Expenditure Digital Ad Buys		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		
Name of Federal Candidate: SUAREZ, FRANCIS X., X., , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IA</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">8019.52</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶ _____	
<div style="display: flex; justify-content: space-between; align-items: flex-end;"><div style="width: 60%;">(a) SUBTOTAL of Itemized Independent Expenditures</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div></div></div> <div style="display: flex; justify-content: space-between; align-items: flex-end; margin-top: 10px;"><div style="width: 60%;">(b) SUBTOTAL of Unitemized Independent Expenditures.....</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;"></div></div></div> <div style="display: flex; justify-content: space-between; align-items: flex-end; margin-top: 10px;"><div style="width: 60%;">(c) TOTAL Independent Expenditures</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;"></div></div></div>				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Maggiolo, Gloria, , ,</i>			Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 07 / 31 / 2023	
<i>[Electronically Filed]</i>				

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Transaction ID : SE.4769
Nationwide

Form/Schedule: SE
Transaction ID: SE.4770
Nationwide

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 67 OF 83
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) SOS AMERICA PAC		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00801803</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y</div>			
Full Name of Payee Harris Media, LLC <input checked="" type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y</div> 06 / 14 / 2023	
Mailing Address 66 W Flagler Street Unit PH-1		Amount <div style="border-bottom: 1px solid black; width: 100%; text-align: right;">2578.21</div>	
City Miami	State FL	Zip Code 33130	Transaction ID : SE.4771 Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y</div> 06 / 14 / 2023
Purpose of Expenditure Digital Ad Buys		Category/ Type <div style="border-bottom: 1px solid black; width: 40px; text-align: center;">004</div>	
Name of Federal Candidate: SUAREZ, FRANCIS X., X., , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought <div style="border-bottom: 1px solid black; width: 100%; text-align: right;">10597.73</div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee Harris Media, LLC <input checked="" type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y</div> 06 / 14 / 2023	
Mailing Address 66 W Flagler Street Unit PH-1		Amount <div style="border-bottom: 1px solid black; width: 100%; text-align: right;">1828.39</div>	
City Miami	State FL	Zip Code 33130	Transaction ID : SE.4772 Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y</div> 06 / 14 / 2023
Purpose of Expenditure Digital Ad Buys		Category/ Type <div style="border-bottom: 1px solid black; width: 40px; text-align: center;">004</div>	
Name of Federal Candidate: SUAREZ, FRANCIS X., X., , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought <div style="border-bottom: 1px solid black; width: 100%; text-align: right;">12426.12</div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures ▶ <div style="border-bottom: 1px solid black; width: 100%; text-align: right;">0.00</div>			
(b) SUBTOTAL of Unitemized Independent Expenditures..... ▶ <div style="border-bottom: 1px solid black; width: 100%; text-align: right;"></div>			
(c) TOTAL Independent Expenditures ▶ <div style="border-bottom: 1px solid black; width: 100%; text-align: right;"></div>			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Maggiolo, Gloria, , ,		Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y</div> 07 / 31 / 2023	
[Electronically Filed]			

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB
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Form/Schedule: SE
Transaction ID : SE.4771
Nationwide

Form/Schedule: SE
Transaction ID: SE.4772
Nationwide

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 69 OF 83
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) SOS AMERICA PAC				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00801803</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div>					
Full Name of Payee Harris Media, LLC <input checked="" type="checkbox"/> Memo Item				Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 06 / 16 / 2023	
Mailing Address 66 W Flagler Street Unit PH-1				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">3064.65</div>	
City Miami		State FL	Zip Code 33130	Transaction ID : SE.4789 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 06 / 14 / 2023	
Purpose of Expenditure Digital Ad Buys			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		
Name of Federal Candidate: SUAREZ, FRANCIS X., X., , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose				Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">15490.77</div>				Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee Harris Media, LLC <input checked="" type="checkbox"/> Memo Item				Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 06 / 17 / 2023	
Mailing Address 66 W Flagler Street Unit PH-1				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">2732.42</div>	
City Miami		State FL	Zip Code 33130	Transaction ID : SE.4791 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 06 / 14 / 2023	
Purpose of Expenditure Digital Ad Buys			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		
Name of Federal Candidate: SUAREZ, FRANCIS X., X., , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose				Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">18223.19</div>				Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures ▶ <div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>					
(b) SUBTOTAL of Unitemized Independent Expenditures..... ▶ <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>					
(c) TOTAL Independent Expenditures ▶ <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Maggiolo, Gloria, , ,</u> [Electronically Filed]				Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 07 / 31 / 2023	

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Form/Schedule: SE
Transaction ID : SE.4789
Nationwide

Form/Schedule: SE
Transaction ID: SE.4791
Nationwide

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 71 OF 83
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) SOS AMERICA PAC				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00801803</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div>					
Full Name of Payee Harris Media, LLC <input checked="" type="checkbox"/> Memo Item				Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 06 / 18 / 2023	
Mailing Address 66 W Flagler Street Unit PH-1				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">3172.42</div>	
City Miami		State FL	Zip Code 33130	Transaction ID : SE.4793 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 06 / 14 / 2023	
Purpose of Expenditure Digital Ad Buys			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		
Name of Federal Candidate: SUAREZ, FRANCIS X., X., , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose				Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IA</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">21395.61</div>				Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee Harris Media, LLC <input checked="" type="checkbox"/> Memo Item				Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 06 / 19 / 2023	
Mailing Address 66 W Flagler Street Unit PH-1				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">2923.74</div>	
City Miami		State FL	Zip Code 33130	Transaction ID : SE.4795 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 06 / 14 / 2023	
Purpose of Expenditure Digital Ad Buys			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		
Name of Federal Candidate: SUAREZ, FRANCIS X., X., , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose				Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IA</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">24319.35</div>				Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures ▶ <div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>					
(b) SUBTOTAL of Unitemized Independent Expenditures..... ▶ <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>					
(c) TOTAL Independent Expenditures ▶ <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Maggiolo, Gloria, , ,</u> [Electronically Filed]				Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 07 / 31 / 2023	

: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A-N5HCB
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Form/Schedule: SE
Transaction ID : SE.4793
Nationwide

Form/Schedule: SE
Transaction ID: SE.4795
Nationwide

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 73 OF 83
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) SOS AMERICA PAC				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00801803</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div>					
Full Name of Payee Harris Media, LLC <input checked="" type="checkbox"/> Memo Item				Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 06 / 20 / 2023	
Mailing Address 66 W Flagler Street Unit PH-1				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">6494.78</div>	
City Miami		State FL	Zip Code 33130	Transaction ID : SE.4803 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 06 / 14 / 2023	
Purpose of Expenditure Ad Production				Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	
Name of Federal Candidate: SUAREZ, FRANCIS X., X., , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose				Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IA</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">30814.13</div>				Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee Harris Media, LLC <input checked="" type="checkbox"/> Memo Item				Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 06 / 21 / 2023	
Mailing Address 66 W Flagler Street Unit PH-1				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">3487.17</div>	
City Miami		State FL	Zip Code 33130	Transaction ID : SE.4805 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 06 / 14 / 2023	
Purpose of Expenditure Digital Ad Buys				Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	
Name of Federal Candidate: SUAREZ, FRANCIS X., X., , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose				Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IA</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">34301.30</div>				Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶ _____	
<div style="display: flex; justify-content: space-between;"><div style="width: 60%;">(a) SUBTOTAL of Itemized Independent Expenditures</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(b) SUBTOTAL of Unitemized Independent Expenditures.....</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;"></div></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(c) TOTAL Independent Expenditures</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;"></div></div></div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Maggiolo, Gloria, , ,</i>				Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 07 / 31 / 2023	
[Electronically Filed]					

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Form/Schedule: SE
Transaction ID : SE.4803
Nationwide

Form/Schedule: SE
Transaction ID: SE.4805
Nationwide

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 75 OF 83
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) SOS AMERICA PAC				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00801803</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div>					
Full Name of Payee Harris Media, LLC <input checked="" type="checkbox"/> Memo Item				Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 06 / 22 / 2023	
Mailing Address 66 W Flagler Street Unit PH-1				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">8187.53</div>	
City Miami		State FL	Zip Code 33130	Transaction ID : SE.4885 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 06 / 14 / 2023	
Purpose of Expenditure Digital Ad Buys				Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	
Name of Federal Candidate: SUAREZ, FRANCIS X., X., , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose				Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IA</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">42488.83</div>				Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee Harris Media, LLC <input checked="" type="checkbox"/> Memo Item				Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 06 / 23 / 2023	
Mailing Address 66 W Flagler Street Unit PH-1				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">12542.16</div>	
City Miami		State FL	Zip Code 33130	Transaction ID : SE.4887 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 06 / 14 / 2023	
Purpose of Expenditure Digital Ad Buys				Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	
Name of Federal Candidate: SUAREZ, FRANCIS X., X., , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose				Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IA</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">55030.99</div>				Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶ _____	
<div style="display: flex; justify-content: space-between;"><div style="width: 60%;">(a) SUBTOTAL of Itemized Independent Expenditures</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(b) SUBTOTAL of Unitemized Independent Expenditures.....</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;"></div></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(c) TOTAL Independent Expenditures</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;"></div></div></div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. <div style="display: flex; justify-content: space-between; align-items: flex-end;"><div style="width: 40%;">Maggiolo, Gloria, , , Signature</div><div style="width: 20%; text-align: center;">[Electronically Filed]</div><div style="width: 30%; text-align: right;">Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 07 / 31 / 2023</div></div>					

: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A-N5HCB
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Form/Schedule: SE
Transaction ID : SE.4885
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Form/Schedule: SE
Transaction ID: SE.4887
Nationwide

FEC Schedule E (Form 3X) Rev. 05/2016

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Form/Schedule: SE
Transaction ID : SE.4894
Nationwide

Form/Schedule: SE
Transaction ID: SE.4896
Nationwide

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 79 OF 83
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) SOS AMERICA PAC				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00801803</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div>					
Full Name of Payee Harris Media, LLC <input checked="" type="checkbox"/> Memo Item				Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 06 / 26 / 2023	
Mailing Address 66 W Flagler Street Unit PH-1				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">3758.09</div>	
City Miami		State FL	Zip Code 33130	Transaction ID : SE.4897 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 06 / 14 / 2023	
Purpose of Expenditure Digital Ad Buys			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		
Name of Federal Candidate: SUAREZ, FRANCIS X., X., , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose				Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">75210.72</div>				Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee Harris Media, LLC <input checked="" type="checkbox"/> Memo Item				Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 06 / 27 / 2023	
Mailing Address 66 W Flagler Street Unit PH-1				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">4717.07</div>	
City Miami		State FL	Zip Code 33130	Transaction ID : SE.4917 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 06 / 14 / 2023	
Purpose of Expenditure Digital Ad Buys			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		
Name of Federal Candidate: SUAREZ, FRANCIS X., X., , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose				Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">79927.79</div>				Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures ▶ <div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>					
(b) SUBTOTAL of Unitemized Independent Expenditures..... ▶ <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>					
(c) TOTAL Independent Expenditures ▶ <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Maggiolo, Gloria, , ,</u> [Electronically Filed]				Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 07 / 31 / 2023	

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Form/Schedule: SE
Transaction ID : SE.4897
Nationwide

Form/Schedule: SE
Transaction ID: SE.4917
Nationwide

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 81 OF 83
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) SOS AMERICA PAC				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00801803</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div>					
Full Name of Payee Harris Media, LLC <input checked="" type="checkbox"/> Memo Item				Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 06 / 28 / 2023	
Mailing Address 66 W Flagler Street Unit PH-1				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">7797.03</div>	
City Miami		State FL		Zip Code 33130	
Purpose of Expenditure Digital Ad Buys				Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	
Name of Federal Candidate: SUAREZ, FRANCIS X., X., , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose				Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">87724.82</div>				Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee Harris Media, LLC <input checked="" type="checkbox"/> Memo Item				Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 06 / 29 / 2023	
Mailing Address 66 W Flagler Street Unit PH-1				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">14156.05</div>	
City Miami		State FL		Zip Code 33130	
Purpose of Expenditure Digital Ad Buys				Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	
Name of Federal Candidate: SUAREZ, FRANCIS X., X., , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose				Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">101880.87</div>				Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶ _____	
<div style="display: flex; justify-content: space-between;"><div style="width: 60%;">(a) SUBTOTAL of Itemized Independent Expenditures</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(b) SUBTOTAL of Unitemized Independent Expenditures.....</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;"></div></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(c) TOTAL Independent Expenditures</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;"></div></div></div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Maggiolo, Gloria, , ,</u> [Electronically Filed]				Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 07 / 31 / 2023	

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A=N5HCB
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Form/Schedule: SE
Transaction ID : SE.4918
Nationwide

Form/Schedule: SE
Transaction ID: SE.4928
Nationwide

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 83 OF 83
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) SOS AMERICA PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00801803</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="display: flex; justify-content: space-between; width: 200px;"><div><div style="border: 1px solid black; padding: 2px; width: 20px;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px;">M</div></div><div><div style="border: 1px solid black; padding: 2px; width: 20px;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px;">D</div></div><div><div style="border: 1px solid black; padding: 2px; width: 20px;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px;">Y</div></div></div>				
Full Name of Payee Harris Media, LLC <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 150px;"><div><div style="border: 1px solid black; padding: 2px; width: 20px;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px;">M</div></div><div><div style="border: 1px solid black; padding: 2px; width: 20px;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px;">D</div></div><div><div style="border: 1px solid black; padding: 2px; width: 20px;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px;">Y</div></div></div>	
Mailing Address 66 W Flagler Street Unit PH-1			Amount <div style="border: 1px solid black; padding: 2px; width: 150px; text-align: right;">100000.00</div>	
City Miami	State FL	Zip Code 33130	Transaction ID : SE.6192 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 150px;"><div><div style="border: 1px solid black; padding: 2px; width: 20px;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px;">M</div></div><div><div style="border: 1px solid black; padding: 2px; width: 20px;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px;">D</div></div><div><div style="border: 1px solid black; padding: 2px; width: 20px;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px;">Y</div></div></div>	
Purpose of Expenditure Digital Ads (covers all estimated IE on 48-hr reports filed 6/16 - 6/30)			Category/Type <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">004</div>	
Name of Federal Candidate: SUAREZ, FRANCIS X., X., ,			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; width: 150px; text-align: right;">201880.87</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee _____ <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 150px;"><div><div style="border: 1px solid black; padding: 2px; width: 20px;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px;">M</div></div><div><div style="border: 1px solid black; padding: 2px; width: 20px;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px;">D</div></div><div><div style="border: 1px solid black; padding: 2px; width: 20px;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px;">Y</div></div></div>	
Mailing Address _____			Amount <div style="border: 1px solid black; padding: 2px; width: 150px;"></div>	
City _____	State _____	Zip Code _____	Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 150px;"><div><div style="border: 1px solid black; padding: 2px; width: 20px;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px;">M</div></div><div><div style="border: 1px solid black; padding: 2px; width: 20px;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px;">D</div></div><div><div style="border: 1px solid black; padding: 2px; width: 20px;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px;">Y</div></div></div>	
Purpose of Expenditure _____			Category/Type <div style="border: 1px solid black; padding: 2px; width: 40px;"></div>	
Name of Federal Candidate: _____ <input type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; width: 150px;"></div>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) **SUBTOTAL** of Itemized Independent Expenditures

100000.00

(b) **SUBTOTAL** of Unitemized Independent Expenditures.....

(c) **TOTAL** Independent Expenditures

846141.24

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature

Maggiolo, Gloria, , ,

[Electronically Filed]

Date

M

07

D

31

Y

Y

Y

Y

Y

2023

FEC Schedule E (Form 3X) Rev. 05/2016